



PLEASE REMIT TO
PSC - PHILIP SERVICES CORPORATION
P.O. BOX 3069, DEPT 4
HOUSTON, TX 77253-3069

Page # 1

Invoice # 463363
Invoice Date 12/20/2005
Customer 35664
Terms Net 30 days

ATTN.: ACCOUNTS PAYABLE
MARICOPA COUNTY FLOOD CONTROL ACCOUNTS PAYABLE
2801 W DURANGO
PHOENIX, AZ 85009

SITE ADDRESS:
MARICOPA COUNTY FLOOD CONTROL
1/4 MILE N. OF RIGGS RD BTWN VAL VISTA &
GREENFIELD
MESA, AZ 85201

ORDER 697868 MARICOPA COUNTY FLOOD CONTROL

PO # CONTRACT# 03025RFP

THANK YOU!

10/25/2005 Manifest 10255 Waste Receipt EMI-43338

1A	349140-00 - HERBICIDE CONTAINERS AND CONTAMINATED SOIL	3.00 @ 262.500 / DM55	\$787.50
1B	349144-00 - HERBICIDE LIQUID	2.00 @ 278.250 / DM55	\$556.50

12/08/2005

Administration Fees :

55 GAL STEEL DRUMS	5.00 @ 43.000 / R	\$215.00
POLY SYPHON PUMP	1.00 @ 15.000 / R	\$15.00

Equipment and Other :

ONE TON TRUCK	4.00 @ 15.000 / E	\$60.00
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Labor Charge :

PROJECT MANAGER	6.00 @ 59.850 / H	\$359.10
TECHNICIAN	4.00 @ 38.850 / H	\$155.40

Sub Total \$2,148.50

INVOICE TOTAL **\$2,148.50**

WR# 43388

07 697868

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CESQG	Manifest Document No. 10255	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address MARICOPA COUNTY FLOOD CONTROL C/O JAMES MOFFAT 2901 W. DURANGO ST. PHOENIX, AZ 85009				A. State Manifest Document Number		
4. Generator's Phone 85009 602-506-7179				B. State Generator's ID		
5. Transporter 1 Company Name PHILIP TRANSPORTATION & REMEDIATION				C. State Transporter's ID		
6. US EPA ID Number CAD063547996				D. Transporter's Phone 800-321-1030		
7. Transporter 2 Company Name SLT Express, Inc.				E. State Transporter's ID		
8. US EPA ID Number UTR000007708				F. Transporter's Phone 800-556-5965		
9. Designated Facility Name and Site Address 21st century emi 2095 Newlands Dr. East Fernley, NV 89408				G. State Facility's ID NVD980895338		
10. US EPA ID Number L NVD980895338				H. Facility's Phone 775-575-2760		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a.	Waste Toxic liquid corrosive, organic n.o.s. (dimethyl sulfate) 6.1 UN2927	002	dm	000.80	G	0002 4103
b.	Waste Toxic solid inorganic, n.o.s. (dimethyl sulfate) 6.1 UN3298 III	003	dm	001.70	P	4103
c.						
d.						
J. Additional Descriptions for Materials Listed Above 11a. 2X55 ERG 154 11b. 3X55 ERG 151				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information WEAR PROPER PROTECTION CLOTHING. EMERGENCY RESPONSE PHONE 800-567-7455 Site: 1/4 mile North of Riggs Rd between Val Vista Greenfield Rds. Maricopa County, AZ						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name EDWARD T. LAY		Signature T. Lay		Month Day Year 11/02/15		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name G. Scott Davis		Signature G. Scott Davis		Month Day Year 11/02/15
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name Robert L. Armon		Signature Robert L. Armon		Month Day Year 11/03/15
19. Discrepancy Indication Space Please note 11a - Should reflect 003 dm and 11b - Should reflect 002 dm.						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name DEBRA L. CURRIER		Signature Debra L. Currier		Month Day Year 11/03/15		